

ACS STATE HEALTHCARE PAYER SHEET

Effective 5/23/07

Massachusetts

BIN NUMBER:	009555
DESTINATION:	ACS STATE HEALTHCARE (formerly Consultec)
ACCEPTING:	CLAIM ADJUDICATION (B1-Billing and B3-Rebill Transactions)
FORMAT:	NCPDP 5.1

Transaction Header Segment

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment and all fields mandatory for B1/B3 transactions.
1Ø1-A1	Bin number	M	9(6)	009555
1Ø2-A2	Version/release number	M	X(2)	51
1Ø3-A3	Transaction code	M	X(2)	B1=Billing B2=Reversal B3=Rebill
1Ø4-A4	Processor control number	M	X(10)	MASSPROD for production transactions
1Ø9-A9	Transaction count	M	X(1)	1=One occurrence 2=Two occurrences 3=Three occurrences 4=Four occurrences For B1-B3 (Billing and Rebill) transactions, transaction count must be a value of 1, 2, 3, or 4. If this transaction is for a compound claim (CC), the transaction count value must be 1.
2Ø2-B2	Service provider ID qualifier	M	X(2)	01 – National Provider Identifier
2Ø1-B1	Service provider ID	M	X(15)	NPI Number must be 10 characters. Contact ACS if store location is moved.
4Ø1-D1	Date of service	M	9(8)	CCYYMMDD
11Ø-AK	Software vendor/certification ID	M	X(10)	This is the ID assigned by the processor to identify the software source. This ID verifies that the software is certified.

M = Mandatory S = Situational O = Optional NS = Not Supported

(CC) = Compound Claim related

Patient Segment Ø1

Field	Field Name	Status	PIC	Values
	SEGMENT	R		Segment required (by MA) for B1/B3 transactions.
331-CX	Patient ID qualifier	S	X(2)	Ø1=Social security number 99=Other (for ID's starting with ZZ)
332-CY	Patient ID	S	X(20)	The member's MassHealth ID
3Ø4-C4	Date of birth	R	9(8)	CCYYMMDD
3Ø5-C5	Patient gender code	R	9(1)	1=Male 2=Female
31Ø-CA	Patient first name	S	X(12)	
311-CB	Patient last name	S	X(15)	
322-CM	Patient street address	NS	X(3Ø)	
323-CN	Patient city address	NS	X(2Ø)	
324-CO	Patient state / province address	NS	X(2)	
325-CP	Patient zip/postal zone	NS	X(15)	

Patient Segment Ø1

Field	Field Name	Status	PIC	Values
	SEGMENT	R		Segment required (by MA) for B1/B3 transactions.
326-CQ	Patient phone number	NS	X(10)	
3Ø7-C7	Patient location	R	9(2)	Ø1=Home Ø2=Inter-care Ø3=Nursing facility Ø4=Long term/extended care Ø5=Rest home Ø6=Boarding home Ø7=Skilled care facility 11=Hospice
333-CZ	Employer ID	NS	X(15)	
334-1C	Smoker/non-smoker code	NS	X(1)	
335-2C	Pregnancy indicator	S	X(1)	Blank=Not specified 1=Not pregnant 2=Pregnant Please indicate current pregnancy status.
M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported				

Insurance Segment Ø4

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment mandatory for B1/B3 transactions.
3Ø2-C2	Cardholder ID	M	X(20)	
312-CC	Cardholder first name	R	X(12)	
313-CD	Cardholder last name	R	X(20)	
314-CE	Home plan	NS		
524-FO	Plan ID	NS	X(8)	
3Ø9-C9	Eligibility clarification code	O	9(1)	Ø=Not specified 1=No override 2=Override
336-8C	Facility ID	NS	X(10)	
3Ø1-C1	Group ID	R	X(15)	MassHealth
3Ø3-C3	Person code	O	X(3)	
3Ø6-C6	Patient relationship code	O	9(1)	Ø=Not specified 1=Cardholder 2=Spouse 3=Child 4=Other
M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported				

Claim Segment 07

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment mandatory for B1/B3 transactions.
455-EM	Prescription/service reference number qualifier	M	X(1)	1=Rx billing
402-D2	Prescription/service reference number	M	X(7)	
436-E1	Product/service ID qualifier	M	X(2)	01=Universal product code (UPC) 02=Health related item (HRI) 03=National drug code (NDC)
407-D7	Product/service ID	M	X(19)	If compound claim (CC), this field should be zero filled.
456-EN	Associated prescription/service reference number	S	9(7)	Used for the completion of a partial fill.
457-EP	Associated prescription/service date	S	9(8)	CCYYMMDD - Used for the completion of a partial fill. This would be the original date of fill.
458-SE	Procedure modifier code count	NS	9(1)	
459-ER	Procedure modifier code	NS	X(2)	
442-E7	Quantity dispensed	R	9(7)v99	Metric decimal quantity For CC enter the quantity of the drug in its compound form.
403-D3	Fill number	R	9(2)	0=Original dispensing 1 to 99 = Refill number
405-D5	Days supply	R	9(3)	On partial fill transactions, specify only whole days dispensed.
406-D6	Compound code	R	9(1)	0=Not specified 1=Not a compound 2=Compound
408-D8	Dispense as written (DAW)/product selection code	R	X(1)	0=No product selection indicated 1=Physician request 5=Brand used as generic
414-DE	Date prescription written	R	9(8)	CCYYMMDD
415-DF	Number of refills authorized	R	9(2)	0 through 11
419-DJ	Prescription origin code	R	9(1)	1=Written 2=Telephone 3=Electronic 4=Facsimile
420-DK	Submission clarification code	R	9(2)	00=Not specified 05=Therapy change 08=Process compound for approved ingredients Value of 08 allows for processing the CC with all (covered and non-covered) ingredients. To select submission clarification code of 08, the compound code value must be 2. If the submitter chooses not to transmit this field, the submitter is representing to MassHealth an implied "not specified" situation.
460 -ET	Quantity prescribed	O	9(7)V99	

Claim Segment 07

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment mandatory for B1/B3 transactions.
308-C8	Other coverage code	R	9(2)	<p>00=Not specified 01=No other coverage has been identified. 02=Other coverage exists. Payment was collected. 03=Other coverage exists. This claim is not covered. 04=Other coverage exists. Payment was not collected. 07=Other coverage exists and was not in effect at time of service. 08=Claim is a billing for a copay.</p> <p>If the submitter chooses not to transmit this field, they are representing to MassHealth that there is no other insurance. Therefore, a "Not Specified" situation is implied. MassHealth will reject the transaction if a COB segment is present.</p> <p>Values other than 00 require valid COB segment.</p> <p>A value of 04 should only be used in those situations where the submitter has to bill the primary payer after the fact because they don't support real time transactions (paper claim, batch, etc.) and the submitter wishes MassHealth to fully adjudicate the claim, or in those situations where the insurer will only reimburse the subscriber directly. The submitter understands that these claims must be rebilled using a B3 transaction reflecting the primary carrier payment within 90 days from the date of service or the claim is automatically reversed.</p> <p>A value of 08 must be used only when the other insurer has applied 100% of the billed amount to the patient responsibility.</p>
429-DT	Unit dose indicator	O	9(1)	<p>0=Not specified 1=Not unit dose 2=Manufacturer unit dose 3=Pharmacy unit dose 4=Custom packaging</p>
453-EJ	Originally prescribed product/service ID qualifier	O	X(2)	<p>01=Universal product code (UPC) 02=Health related item (HRI) 03=National drug code (NDC)</p> <p>This is used for a completion of a partial fill.</p>
445-EA	Originally prescribed product/service code	O	X(19)	This can be a different NDC from the original fill, but has to be the same GSN.
446-EB	Originally prescribed quantity	O	9(7)v99	
330-CW	Alternate ID	NS	X(20)	
454-EK	Scheduled prescription ID number	NS	X(12)	
600-28	Unit of measure	S	X(2)	<p>EA=Each GM=Grams ML=Milliliters</p> <p>Not Required for compound. Will use field 451-EG instead.</p>
418-DI	Level of service	S	9(2)	<p>00=Not specified 01=Patient consultation 02=Home delivery 03=Emergency 04=24 hour service 05=Patient consultation regarding generic product selection 06=In-home service</p>
461-EU	Prior authorization type code	S	9(1)	<p>0=Not specified 1=Prior authorization 2=Medical certification</p> <p>Must be 1 for return to stock.</p>

Claim Segment Ø7

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment mandatory for B1/B3 transactions.
462-EV	Prior authorization number submitted	S	9(11)	Required entry for claims submitted on behalf of 340B clinics for Indirect Billing. Authorization number is provided during registration.
463-EW	Intermediary authorization type ID	NS	9(2)	
464-EX	Intermediary authorization ID	NS	X(11)	
343-HD	Dispensing status	S	X(1)	<p>This field is used and required only for partial fill/complete actions.</p> <p>A value of 'P' is required along with the quantity and days supply intended to be dispensed on the initial fill.</p> <p>A value of 'C' will be required on the completion fill along with the associate pharmacy/service reference number and associate pharmacy/service date.</p> <p>If transaction is a B3-Rebill, you cannot submit a dispensing status of 'P' (partial) or 'C' (completion). Values of 'P' and 'C' are valid only for B1.</p>
344-HF	Quantity intended to be dispensed	S	9(7)V99	Required for partials and completions
345-HG	Days supply intended to be dispensed	S	9(3)	Required for partials and completions
M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported (CC) = Compound Claim related				

Pharmacy Provider Segment Ø2

Field	Field Name	Status	PIC	Values
	SEGMENT	O		Segment optional for B1/B3 transactions.
465-EY	Provider ID qualifier	O	X(2)	Blank=Not specified Ø1=Drug Enforcement Administration (DEA) Ø2=State license Ø3=Social security number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health industry number (HIN) Ø7=State issued 99=Other
444-E9	Provider ID	O	X(15)	
M = Mandatory S = Situational O = Optional NS = Not Supported				

Prescriber Segment Ø3

Field	Field Name	Status	PIC	Values
	SEGMENT	R		Segment required (by MA) for B1/B3 transactions.
466-EZ	Prescriber ID qualifier	R	X(2)	Ø5=Medicaid Ø8=State license 12=Drug Enforcement Administration (DEA)
411-DB	Prescriber ID	R	X(15)	A nine-character DEA number must be used if the drug schedule for the drug dispensed is 2-5. For schedule 0 or 6 drugs, a DEA number with a qualifier of 12 is preferred. If the prescriber does not hold a DEA number and the prescriber is enrolled in MassHealth, the seven-digit MassHealth number with a qualifier of 05 should be used. For prescribers not enrolled in MassHealth, a MA state license number with a qualifier of 08 can be used.
467-1E	Prescriber location code	NS	X(3)	
427-DR	Prescriber last name	NS	X(15)	
498-PM	Prescriber phone number	NS	9(10)	
468-2E	Primary care provider ID qualifier	O	X(2)	Blank=Not specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP provider ID Ø8=State license Ø9=TriCare 1Ø=Health industry number (HIN) 11=Federal tax ID 12=Drug Enforcement Administration (DEA) 13=State issued 14=Plan specific 99=Other
421-DL	Primary care provider ID	O	X(15)	
469-H5	Primary care provider location code	NS	X(3)	
47Ø-4E	Primary care provider last name	NS	X(15)	
M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported				

COB/Other Payments Segment Ø5

Field	Field Name	Status	PIC	Values
	SEGMENT	S		Segment situational for B1/B3 transactions. Processed where MASSHEALTH is not the primary payer.
337-4C	Coordination of benefits/other payments count	M	9(1)	
338-5C	Other payer coverage type	M***R***	X(2)	Blank=Not specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite
339-6C	Other payer ID qualifier	S***R***	X(2)	Blank=Not specified 99=Other
34Ø-7C	Other payer ID	S***R***	X(10)	Enter five-digit MassHealth carrier ID where member has primary commercial or Medicare-C coverage. For Medicare-D, enter six-digit MassHealth PDP carrier code or BIN-PCN of the PDP
443-E8	Other payer date	S***R***	9(8)	CCYYMMDD
341-HB	Other payer amount paid count	S	9(1)	
342-HC	Other payer amount paid qualifier	S***R***	X(2)	Ø7=Drug benefit 99=Other A value of 99 will communicate MassHealth member liability from the other insurer.
431-DV	Other payer amount paid	S***R***	s9(6)v99	s\$\$\$\$\$cc 1. When you have received money from private insurance as well as the patient, use value of 07-drug benefit in Field 342 and put the amount in Field 509 into this field (431). 2. Create a second instance, using a qualifier of 99 in Field 342, and indicate the patient-paid amount regarding private insurance from Field 505 in the second instance of this field.
471-5E	Other payer reject count	S	9(2)	Only populated when claim denies from other insurance (Medicare or private).

COB/Other Payments Segment 05

Field	Field Name	Status	PIC	Values
	SEGMENT	S		Segment situational for B1/B3 transactions. Processed where MASSHEALTH is not the primary payer.
472-6E	Other payer reject code	S***R***	X(3)	<p>With Other Coverage Code 03:</p> <ul style="list-style-type: none"> • 60 - Product/service not covered for patient age • 61 - Product/service not covered for patient gender • 63 - Institutionalized patient product/service ID not covered • 65 - Patient is not covered • 66 - Patient age exceeds maximum age • 67 - Filled before coverage effective • 68 - Filled after coverage expired • 69 - Filled after coverage terminated • 70 - Product/service not covered • 71 - Prescriber is not covered • 76 - Plan limitations exceeded • AA - Patient spend down not met • M1 - Patient not covered in this aid category • RN - Plan limits exceeded on intended partial fill values MassHealth will pay only as the primary payer when one of the other payer reject codes listed above is received. <p>Other Coverage Code 03 for dually eligible members (Medicare Part D) for Part D excluded products:</p> <ul style="list-style-type: none"> • AC – Product not covered non-participating manufacturer • AF – Patients enrolled under managed care • MI – Patient not covered in this aid category • 07 – M/I cardholder ID number • 52 – Non-matched cardholder ID • 60 - Product/service not covered for patient age • 61 - Product/service not covered for patient gender • 63 - Institutionalized patient product/service ID not covered • 65 - Patient is not covered • 70 - Product/service not covered • 75 – Prior Authorization Required <p>Other Coverage Code 07:</p> <ul style="list-style-type: none"> • 67 – Filled before coverage effective • 68 – Filled after coverage expired • 69 – Filled after coverage terminated • 76 – Plan limitations exceeded

M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported

Additional key for Status column: *R*** = repeating fields**

Workers' Compensation Segment Ø6

Field	Field Name	Status	PIC	Values
	SEGMENT	O		Segment optional for B1/B3 transactions.
434-DY	Date of injury	M	9(8)	CCYYMMDD
315-CF	Employer name	NS		
316-CG	Employer street address	NS		
317-CH	Employer city address	NS		
318-CI	Employer state/province address	NS		
319-CJ	Employer zip/postal zone	NS		
32Ø-CK	Employer phone number	NS		
321-CL	Employer contact name	NS		
327-CR	Carrier ID	NS		
435-DZ	Claim/reference ID	O	X(30)	
M = Mandatory S = Situational O = Optional NS = Not Supported				

DUR/PPS Segment Ø8

Field	Field Name	Status	PIC	Values
	SEGMENT	S		Segment situational for B1/B3 transactions.
473-7E	DUR/PPS code counter	S***R***	9(1)	
439-E4	Reason for service code (also known as the DUR conflict code)	S***R***	X(2)	DD=Drug-drug interaction HD=High dose ID=Ingredient duplication TD=Therapeutic These values will permit override consideration. You will also have to give corresponding entries for Fields 440 and 441 (DUR disc.).
44Ø-E5	Professional service code (also known as the DUR intervention code)	S***R***	X(2)	MØ=Prescriber consulted RØ=Pharmacist consulted other source These values will permit override consideration.
441-E6	Result of service code (also known as the DUR outcome code)	S***R***	X(2)	1A=Filled as is, false positive 1B=Filled prescription as is 1C=Filled, with different dose 1D=Filled, with different directions 1E=Filled, with different drug 1F=Filled, with different quantity 1G=Filled, with prescriber approval These values will permit override consideration.
474-8E	DUR/PPS level of effort	O	9(2)	ØØ =Not specified 11=Level 1 – Less than 5 min. 12=Level 2 – Less than 15 min. 13=Level 3 – Less than 30 min. 14=Level 4 – Less than 1 hour 15=Level 5 – Greater than 1 hour

DUR/PPS Segment 08

Field	Field Name	Status	PIC	Values
	SEGMENT	S		Segment situational for B1/B3 transactions.
475-J9	DUR co-agent ID qualifier	O	X(2)	01= Universal product code (UPC) 02= Health-related item (HRI) 03= National drug code (NDC) 04= Universal product number (UPN) 05= Department of Defense (DOD) 07= Common procedure terminology CPT4 08= Common procedure terminology CPT5 09= Health Care Financing Administration Common Procedural Coding System (HCPCS) 11= National Pharmaceutical Product Interface code (NAPPI) 12= International article numbering system (EAN) 13= Drug identification number (DIN) 14= Medi-Span GPI 15= First DataBank GCN 16= Medical Economics GPO 17= Medi-Span DDID 18= First DataBank SmartKey 19= Medical Economics GM 20= International classification of diseases (ICD9) 21= International classification of diseases (ICD10) 22= Medi-Span diagnosis code 23= National Criteria Care Institute (NCCI) 24= The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) 25= Common dental terminology (CDT) 26= American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV) 99= Other
476-H6	DUR co-agent ID	O	X(19)	

M = Mandatory S = Situational O = Optional NS = Not Supported

Additional key for Status column: *R*** = repeating fields**

Pricing Segment 11

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment mandatory for B1/B3 transactions.
409-D9	Ingredient cost submitted	R	s9(6)v99	
412-DC	Dispensing fee submitted	R	s9(6)v99	
477-BE	Professional service fee submitted	S	s9(6)v99	
433-DX	Patient paid amount submitted	R	s9(6)v99	This is the amount of the patient's responsibility as stated by the primary payer.
438-E3	Incentive amount submitted	NS	s9(6)v99	
478-H7	Other amount claimed submitted count	S	9(1)	Used for return to stock and 340B programs.
479-H8	Other amount claimed submitted qualifier	S	X(2)	Blank=Not specified 04=Administrative cost A value of 04 should be used if you are participating in MassHealth return to stock or MassHealth 340B program.
480-H9	Other amount claimed submitted	S	s9(6)v99	If you are participating in MassHealth return to stock or MassHealth 340B program, enter the administrative fee in this field.
481-HA	Flat sales tax amount submitted	NS	s9(6)v99	
482-GE	Percentage sales tax amount submitted	NS	s9(6)v99	
483-HE	Percentage sales tax rate submitted	NS	s9(3)v4	

Pricing Segment 11

Field	Field Name	Status	PIC	Values
	SEGMENT	M		Segment mandatory for B1/B3 transactions.
484-JE	Percentage sales tax basis submitted	NS	X(2)	
426-DQ	Usual and customary charge	R	s9(6)v99	
43Ø-DU	Gross amount due	R	s9(6)v99	
423-DN	Basis of cost determination	O	X(2)	Blank=Not specified ØØ=Not specified Ø1= Average wholesale price (AWP) Ø2=Local wholesaler Ø3=Direct Ø4= Estimated acquisition cost (EAC) Ø5=Acquisition Ø6= Maximum allowable cost (MAC) Ø7=Usual and customary (default) Ø9=Other
M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported				

Coupon Segment Ø9

Field	Field Name	Status	PIC	Values
	SEGMENT	NS		Segment not supported for B1/B3 transactions.
M = Mandatory S = Situational O = Optional NS = Not Supported				

Compound Segment 1Ø

Field	Field Name	Status	PIC	Values
	SEGMENT	S		Segment situational for B1/B3 transactions. If Compound Indicator = 2-Compound, all fields in this segment (except for Compound Ingredient Basis of Cost Determination) are mandatory. All fields below are compound claim (CC) related.
45Ø-EF	Compound dosage form description code	M	X(2)	Blank=Not specified Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema
451-EG	Compound dispensing unit form indicator	M	9(1)	1=Each 2=Grams 3=Milliliters
452-EH	Compound route of administration	M	9(2)	ØØ=Not specified Ø1=Buccal Ø2=Dental Ø3=Inhalation Ø4=Injection Ø5=Intraperitoneal Ø6=Irrigation Ø7=Mouth/throat Ø8=Mucous membrane Ø9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral
447-EC	Compound ingredient component count	M	9(2)	
488-RE	Compound product ID qualifier	M***R***	X(2)	Ø1=Universal product code (UPC) Ø2=Health related item (HRI) Ø3=National drug code (NDC) (default)
489-TE	Compound product ID	M***R***	X(19)	
448-ED	Compound ingredient quantity	M***R***	9(7)v999	Metric decimal equivalent
449-EE	Compound ingredient drug cost	R***R***	s9(6)v99	

Compound Segment 1Ø

Field	Field Name	Status	PIC	Values
	SEGMENT	S		Segment situational for B1/B3 transactions. If Compound Indicator = 2-Compound, all fields in this segment (except for Compound Ingredient Basis of Cost Determination) are mandatory. All fields below are compound claim (CC) related.
49Ø-UE	Compound ingredient basis of cost determination	O***R***	X(2)	Blank=Not specified Ø1= Average wholesale price (AWP) Ø2=Local wholesaler Ø3=Direct Ø4= Estimated acquisition cost (EAC) Ø5=Acquisition Ø6= Maximum allowable cost (MAC) Ø7=Usual and customary (default) Ø9=Other
M = Mandatory (for both NCPDP and MA) R = Required (for MA) S = Situational O = Optional NS = Not Supported				

Additional key for Status column: ***R*** = repeating fields

Prior Authorization Segment 12

Field	Field Name	Status	PIC	Values
	SEGMENT	NS		Segment not supported for B1/B3 transactions.
M = Mandatory S = Situational O = Optional NS = Not Supported				

Clinical Segment 13

Field	Field Name	Status	PIC	Values
	SEGMENT	O		Segment optional for B1/B3 transactions.
491-VE	Diagnosis code count	O	9(1)	
492-WE	Diagnosis code qualifier	O***R***	X(2)	Blank=Not specified ØØ=Not specified Ø1=International classification of diseases (ICD9) Ø2=International classification of diseases (ICD1Ø) Ø3=National Criteria Care Institute (NCCI) Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) Ø5=Common dental terminology (CDT) Ø6=Medi-Span diagnosis code Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV) 99=Other
424-DO	Diagnosis code	O***R***	X(15)	
493-XE	Clinical information counter	O***R***	9(1)	
494-ZE	Measurement date	O***R***	9(8)	CCYYMMDD
495-H1	Measurement time	O***R***	9(4)	HHMM

Clinical Segment 13

Field	Field Name	Status	PIC	Values
	SEGMENT	O		Segment optional for B1/B3 transactions.
496-H2	Measurement dimension	O***R***	X(2)	Blank=Not specified Ø1=Blood pressure (BP) Ø2=Blood glucose level Ø3=Temperature Ø4=Serum creatinine (SCr) Ø5=HbA1c Ø6=Sodium (Na+) Ø7=Potassium (K+) Ø8=Calcium (Ca++) Ø9=Serum glutamic-oxaloacetic transaminase (SGOT) 1Ø=Serum glutamic-pyruvic transaminase (SGPT) 11=Alkaline phosphatase 12=Serum theophylline level 13=Serum digoxin level 14=Weight 15=Body surface area (BSA) 16=Height 17=Creatinine clearance (CrCl) 18=Cholesterol 19=Low-density lipoprotein (LDL) 2Ø=High-density lipoprotein (HDL) 21=Triglycerides (TG) 22=Bone mineral density (BMD T-Score) 23=Prothrombin time (PT) 24=Hemoglobin (Hb; Hgb) 25=Hematocrit (Hct) 26=White blood cell count (WBC) 27=Red blood cell count (RBC) 28=Heart rate 29=Absolute neutrophil count (ANC) 3Ø=Activated partial thromboplastin time (APTT) 31=CD4 count 32=Partial thromboplastin time (PTT) 33=T-cell count 34=International normalized ratio (INR) 99=Other
497-H3	Measurement unit	O***R***	X(2)	Blank=Not specified Ø1=Inches (in) Ø2=Centimeters (cm) Ø3=Pounds (lb) Ø4=Kilograms (kg) Ø5=Celsius (C) Ø6=Fahrenheit (F) Ø7=Meters squared (m2) Ø8=Milligrams per deciliter (mg/dl) Ø9=Units per milliliter (U/ml) 1Ø=Millimeters of mercury (mmHg) 11=Centimeters squared (cm2) 12=Millimeters per minute (ml/min) 13=Percentage (%) 14=Milliequivalent (mEq/ml) 15=International units per liter (IU/L) 16=Micrograms per milliliter (mcg/ml) 17=Nanograms per milliliter (ng/ml) 18=Milligrams per milliliter (mg/ml) 19=Ratio 2Ø=SI units 21=Millimoles (mmol/l) 22=Seconds 23=Grams per deciliter (g/dl) 24=Cells per cubic millimeter (cells/cu mm) 25=1,ØØØ,ØØØ cells per cubic millimeter (million cells/cu mm) 26=Standard deviation 27=Beats per minute

Clinical Segment 13

Field	Field Name	Status	PIC	Values
	SEGMENT	O		Segment optional for B1/B3 transactions.
499-H4	Measurement value	O***R***	X(15)	Blood pressure entered in XXX/YYY format in which XXX=systolic, /=divider, and YYY is diastolic Temperature entered in XXX.X format always including decimal point Request clinical segment
M = Mandatory S = Situational O = Optional NS = Not Supported				
Additional key for Status column: ***R*** = repeating fields				